

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** BRANDON LEISURELY LIVING LLC (0011094)

**Address:** 603 E CLARK ST, BRANDON, WI 53919

**License Status:** REGULAR

**Licensed/Certified/Registered** 01/31/2006

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0096297      **End Date:** 01/30/2006      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10007246    Served 02/08/2006

Deficiencies Cited

83.13(4)(a)

83.43(3)(b)1

83.43(7)(b)

Subject Area

COMMUNICABLE DISEASE CONTROL

TESTING BY SERVICE COMPANY

INSTALLATION AND MAINTENANCE

Compliance  
Verified

Corrected

**Survey ID:** 0095333      **End Date:** 08/04/2005      **Type:** INITIAL      **Purpose:** SURVEY

**Results:** PROBATIONARY LICENSE ISSUED

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